

Content of Activity: Lecture
 Date of Activity: September 2025 and March, 2026
 I also wish to disclose that I have current relevant relationships with the following companies:

Shalu Paul OD FAAO

| Company | Role | Relationship |
|-------------------|-------------------------------|--------------|
| Alcon | Lecturer and Ad Board Member | Honorarium |
| Bausch & Lomb | Lecturer and Ad Board Member | Honorarium |
| Bauschgard | Lecturer and Ad Board Member | Honorarium |
| Chromalight | Lecturer | Honorarium |
| Clear Optics | Lecturer and Advisor | Honorarium |
| CooperVision | Lecturer and Ad Board Member | Honorarium |
| Corvis | Reviewer | Nothing |
| Exceller | Consultant and Lecturer | Honorarium |
| ITI Culture | Regional Rep | Honorarium |
| ISI | Lecturer and CDM Board Member | Honorarium |
| Johnson & Johnson | Lecturer and Ad Board Member | Honorarium |
| Mediplus | Ad board member | Nothing |
| Optics | Lecturer and Ad Board Member | Honorarium |
| Optics | Ad Board member | Honorarium |
| Pangoon | Lecturer & Researcher | Honorarium |
| Shin | Ad Board Member | Honorarium |
| Stigma Program | Founder & Lecturer | Honorarium |
| Sun Phosma | Ad Board Member | Honorarium |
| Tecan | Ad Board Member | Honorarium |
| Thera | Ad Board Member | Honorarium |
| Topcon | Ad Board Member | Honorarium |
| Zoll | Lecturer and Researcher | Honorarium |

**MYOPIA CONTROL PROGRAM -The
 Greatest Comprehensive Myopia
 Management and Treatment
 Complications Course Ever**

Cheryl Chapman OD FAAO
 Shalu Pal OD FAAO
 Adan Peiffer OD FAAO
 Jack Schaeffer OD FAAO

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- Cheryl Chapman OD FAAO
- disclosures:
-
- Peeq Pro, Pure & Clean, Oculus, WAVE Contact Lens System, Vision Source KOL

- Adam Pfeifer OD FAAO
- Disclosures: Coopervision - ECP Viewpoints article, MiSight

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JACK L SCHAEFFER, OD FAAO
 SCHAEFFER EYE CENTER
 DISCLOSURES 2026
 I HAVE RECEIVED HONORARIUM, COMPENSATION, OR SERVE AS AN
 ADVISOR TO THE FOLLOWING COMPANIES

- ALCON
- ALLEGAN
- BAUSCH AND LOMB
- BRIEN HOLDEN INSTITUTE
- CLEARPATH
- ORASIS
- SYDNEIXIS
- SIGHT SCIENCE
- RODENSTOCK
- TARSIS
- TEARSCIENCE
- TOPCON
- VALEANT
- VISTARON
- WER MID / JOHNSON
- ZEISS VISION
- HARROW
- TENPOINT

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Myopia Control Options

Less Emphasized Options

Spectacles
Atropine

Focus on Contact Lens Options

Multifocal soft contact lenses

Overnight orthokeratology

What is Risk of Contact Lens Wear?

| Lens Type | Any Presumed Microbial Keratitis | "Severe" Microbial Keratitis | Microbial Keratitis with >2 Lines of Vision Loss |
|-----------------------|----------------------------------|------------------------------|--|
| Daily wear RGP | 1.5 | 0.1 | 0.05 |
| Daily wear soft | 4.2 | 0.5 | 0.2 |
| Daily wear DD soft | 3.8 | 0.3 | 0.1 |
| Extended wear soft | 20.5 | 4.5 | 2.1 |
| Extended wear DD soft | 18.0 | 3.8 | 1.8 |

****Cases per 10,000 patient years****

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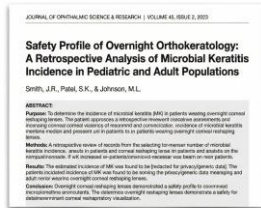
Incidence of Microbial Keratitis in Children Wearing Soft Contact Lenses

| Authors | Lenses and Replacement Schedule | Age | Patient Years | Incidence per 10,000 yrs | 95% CI |
|----------------------------|--|------|---------------|--------------------------|-------------|
| Walline et al. (2004) | 1-week replacement hydrogel | 8-11 | 159 | 0 | 0-233 |
| Walline et al. (2009) | 2-weekly replacement silicone hydrogel | 8-11 | 388 | 0 | 0-100 |
| Walline et al. (2009) | Daily disposable hydrogel (1%) | 8-11 | 225 | 0 | 0-167 |
| Santodomingo et al. (2012) | Daily disposable hydrogel | 8-12 | 171 | 0 | 0-219 |
| Cheng et al. (2014) | Daily disposable silicone hydrogel | 8-11 | 362 | 0 | 0-141 |
| Santodomingo et al. (2017) | Daily disposable hydrogel | 8-12 | 344 | 0 | 0-109 |
| Walline et al. (2020) | Monthly replacement silicone hydrogel | 7-11 | 861 | 12 | 6-20 |
| Total | | | 2,888 | 3 | 1-10 |

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Retrospective Study of Safety of Ortho-K

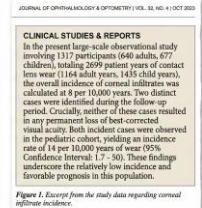
- Estimate incidence of microbial keratitis in
 - pediatric patients
 - adult patients
 - wearing overnight corneal reshaping lenses
- Protocol approved by FDA
- Results accepted by FDA



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Cases of Corneal Infiltrates

- 1317 patients
 - 640 adults
 - 677 children
- 2699 patient years
 - 1164 in adults
 - 1435 in children
- Incidence = 8 per 10,000 years of wear
 - Two cases
 - Neither case resulted in loss of visual acuity
 - Both occurred in children
 - 14 per 10,000 years
 - 95% CI: 1.7 – 50



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Microbial Keratitis with Myopia Control

Daily Wear Soft Lenses
- 3 per 10,000 years

Overnight Ortho-K
- 5 to 14 per 10,000 years

The Incidence of Contact Lens-Related Microbial Keratitis in Australia
Stapleton et al. J. Glaucoma 17(10):1045-1050, 2008

Table 3. Estimated Annual Incidence of Microbial Keratitis in Australia**

| Lens Type | Modality | Incidence Rate (per 10,000 years) | 95% Confidence Interval |
|------------------------|-------------------|-----------------------------------|-------------------------|
| Daily Wear Soft Lenses | Hydrogel | 3 | 1.0-5.6 |
| | Silicone Hydrogel | 3 | 1.0-5.6 |
| Overnight Ortho-K | Hydrogel | 2 | 1.0-5.6 |
| | Silicone Hydrogel | 11 | 4.1-29.1 |
| Contact | Hydrogel | 5.9-14 | 2.4-13.9 (3-20.5) |
| | Silicone Hydrogel | 10-14 | 2.4-13.9 (3-20.5) |
| Total | Hydrogel | 3.2 | 1.0-5.6 |
| | Silicone Hydrogel | 11 | 4.1-29.1 |

****Note:** Annual incidence of microbial keratitis. The incidence of contact lens-related microbial keratitis in Australia is estimated to be 3.2 per 10,000 years of contact lens wear. The incidence of contact lens-related microbial keratitis in Australia is estimated to be 3.2 per 10,000 years of contact lens wear. The incidence of contact lens-related microbial keratitis in Australia is estimated to be 3.2 per 10,000 years of contact lens wear.

From Stapleton et al. (2008)

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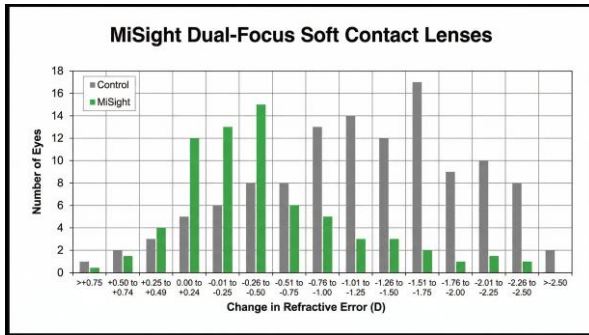
Potential Vision Saved by Myopia Control

| Benefit | Ultimate Myopia Level -3 to -8 D |
|---|----------------------------------|
| Years of Vision Loss Prevented (1 D Tx) (per 10,000 patients) | 5,000 to 10,000 |

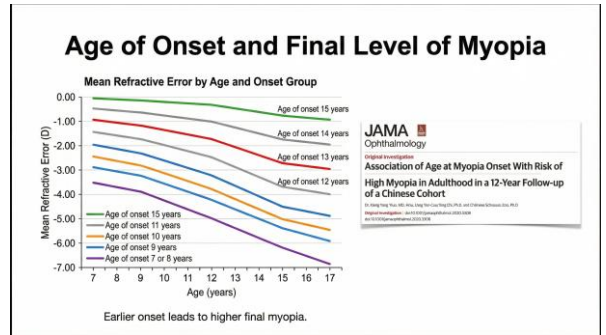
Potential Vision Lost by Myopia Control

| Risk | Incidence per 10,000 → | 1 | 4 | 16 |
|--|------------------------|-----------|------------|------------|
| Years of Vision Loss Accrued (5-year Tx) (per 10,000 patients) | | 53 | 210 | 840 |

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Contact Lens Options

FDA approved

MiSight 1 Day

Off-Label

- Orthokeratology
- Soft Multi-Focals

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Soft Contact Lens

Figures courtesy of Donald O. Mutti, OD PhD

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Soft Lenses – Myopia Management

| Lens | Company | Replacement | Design |
|--|--------------|------------------|---------------------|
| Abiliti (Canada Only) | J&J | Daily | Concentric |
| MiSight | CooperVision | Daily | Concentric |
| NaturalVue (US Only) | VTI | Daily | Gradient |
| Biofinity Multifocal "D" | CooperVision | Monthly | Gradient |
| Proclear Multifocal "D" (DISCONTINUED) | CooperVision | Monthly | Gradient |
| Duette Progressive | Synergeyes | 6 months | Gradient |
| Oasys for Presbyopia | J&J | 2-week | Concentric |
| Specialty soft CL | Many | Monthly - Annual | Gradient/Concentric |
| Scleral Lenses | Many | 1-2 Years | Gradient/Concentric |
| 1Day Max MF for Ast | J&J | Daily | Concentric |

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Soft Multifocal Contact Lenses

Reassurance:

- Comfortable & Easy to fit
- No different than SV soft lenses for kids
- With proper training and use, risk is minimal
- Easy to use and safe
- We will teach them everything
- Can treat Anisometropia
- Easy to swap out – if changes occur
- Freedom from glasses, Great for sport

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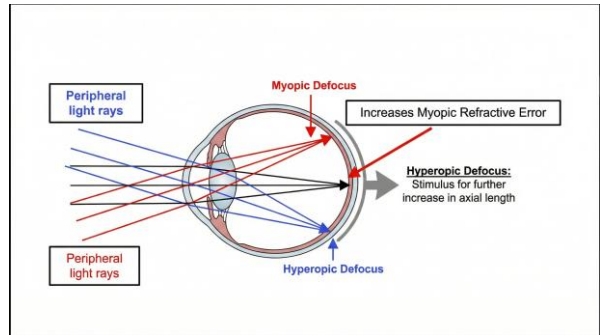
They may not always work!



- Rx Range is not available in the modality you want
 - Change brands
- The comfort is not there
 - Treat dry eyes
 - Change brands
- The add power is causing blur
 - Test extra minus in -0.25D steps
 - Keep the +2.50 add power
 - Switch brands
- They don't wear them consistently?
 - Two treatment techniques
 - Encourage full time wear



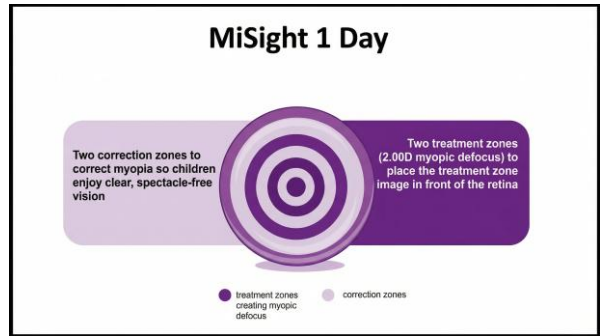
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2/15/25

Soft Multi-focals

Submitted (Submitted Title) | JAMA. 2022 Aug 11;345(5):571-580
doi:10.1001/jama.2022.0884

Effect of High Add Power, Medium Add Power, or Single-Vision Contact Lenses on Myopia Progression in Children: The BLINK Randomized Clinical Trial

Jaffee J, Muller A, Stone A, Walker S, Donald D, Mann T, Liu A, Jones-Jordan S, Lerman T, Gomez T, Ambler-Garcia-Gonzalez S, Katsanos M, Baskin S, Argyle S, Goh S, Lee S, Kim S, Kim S, Gilbert E, Mann T, Stone A & Baskin S, BLINK Study Group

JAMA. 2022 Aug 11;345(5):571-580. doi:10.1001/jama.2022.0884. Free PMC article.

Abstract
Importance: Slowing myopia progression would decrease the risk of sight-threatening complications.
Objective: To determine whether soft multifocal contact lenses slow myopia progression in children and whether high add power (>2.50 D) slows myopia progression more than medium (+1.50 D) add power lenses.
Design, setting, and participants: A double-masked, randomized clinical trial that took place at 7 optometry schools located in California, Ohio, and Hawaii. From October 2019 to December 2021.

- Center Distance Design ONLY – highest add child will tolerate (usually +2.50 D)
- Daily, Monthly and Quarterly Disposable options available
- Many more prescription options available including torics

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BLINK Trials

- KEY findings
 - Children fitted with high-add power (+2.50 diopters) exhibited a slower progression of myopia compared to those wearing medium-add power (+1.50 diopters) or single-vision contact lenses.
 - One year after stopping the use of lenses, myopia progression returned to normal age-expected rates without any rebound effect, suggesting a lasting benefit from early intervention.

Original Investigation | EFFECT OF HIGH ADD POWER, MEDIUM ADD POWER, OR SINGLE-VISION CONTACT LENSES ON MYOPIA PROGRESSION IN CHILDREN: THE BLINK RANDOMIZED CLINICAL TRIAL
 Jaffee J, Muller A, Stone A, Walker S, Donald D, Mann T, Liu A, Jones-Jordan S, Lerman T, Gomez T, Ambler-Garcia-Gonzalez S, Katsanos M, Baskin S, Argyle S, Goh S, Lee S, Kim S, Kim S, Gilbert E, Mann T, Stone A & Baskin S, BLINK Study Group
 Published: June 21, 2022 | Reference: June 20, 2022
 doi:10.1001/jama.2022.0884

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PROTECT Trial (ongoing)

• After one year, children wearing NaturalVue Multifocal lenses:

- Exhibited a **69% reduction** in refractive error progression compared to the **control group** using single-vision lenses, equating to a treatment effect of **0.41 diopters**
- Exhibited **59% reduction** in axial length elongation relative to the **control group**, corresponding to a treatment effect of **0.17 mm**



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ORTHOKERATOLOGY MECHANISM OF ACTION:



PERIPHERAL RETINAL DEFOCUS THEORY



SPHERICAL ABERRATIONS TO RETINA



TREATMENT ZONE SIZE CONSIDERATIONS

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ORTHOKERATOLOGY EFFICACY STUDIES:

Subgroup analyses of pooled myopic control rate of different treatment duration.

| | Number of studies | Pooled myopic control rate |
|-----------|-------------------|----------------------------|
| 6 months | 5 | 55% |
| 12 months | 7 | 51% |
| 18 months | 5 | 51% |
| 24 months | 8 | 41% |

Wen Q, et al, 2015

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ORTHOKERATOLOGY FDA APPROVAL:

Typically 'Off Label' for myopia management

Johnson & Johnson

- Abiliti Overnight: First overnight orthokeratology lens to achieve FDA approval for 'myopia management'

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ORTHOKERATOLOGY: FINDING GOOD CANDIDATES

- Low myope, -1.00 to -4.00
- Myopia > Astigmatism
- Astigmatism -0.75D or less
- Astigmatism WTR

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ORTHOKERATOLOGY: HOW TO START



Equipment
Topographer
Anterior segment
photography/ NAFI



Optical biometry- optional?



Diagnostic fit set



Empirical fitting



Software designed lenses

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Types of Topographers

Placido

- Ring jam
- Influenced by tear film

Scheimpflug

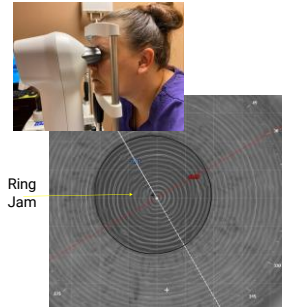
- Anterior and posterior corneal data
- Better for identifying keratoconus - cones start on the posterior surface of the cornea

Pristine baselines paramount
garbage in - garbage out
lid aperture

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PLACIDO TOPOGRAPHY

- Pros**
- More affordable purchase price compared to Scheimpflug Tomographers.
- Cons**
- Influenced by tear film
 - Harder to capture images on deep set eyes



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ORTHOKERATOLOGY: FOLLOW UP PROTOCOLS

- 1 day
- 1 week
- 1 month
 - order spare pair?
- Then quarterly or every 6 months (doctor's discretion)
- Tests performed
 - VA, refraction, AR or retinoscopy, SLE to check for stain, AXL if available
 - Examine fit of lenses on eye (if necessary)
 - Review hygiene, care and handling, teach digital removal

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SUPERIOR DECENTRATION SMILEY FACE TOPOGRAPHY: TOO FLAT

Smiley Face or Superior Decentration (Happens rarely)

- Too LITTLE Sagittal depth
- Causing the lens to ride HIGH.

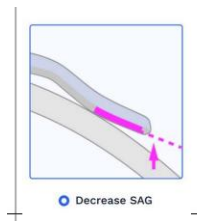
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STEEP LENS

DECREASE SAGITTAL DEPTH

- FLATTEN ALIGNMENT CURVE (AC)

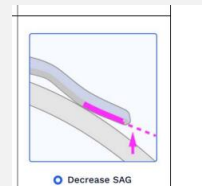
- DECREASE OVERALL DIAMETER (OAD)



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TROUBLESHOOTING CENTRAL ISLAND

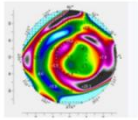
- DECREASE Sagittal depth
- FLATTEN alignment curve (AC)
- DECREASE overall diameter (OAD)



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NASAL DECENTRATION (HAPPENS **MORE** FREQUENTLY)

Nasal Decentration
(Happens more frequently)

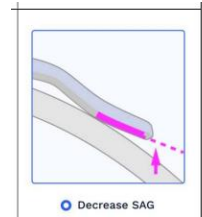


Flat nasal taper = lens binding
Tight lenses (too STEEP/ too much Sagittal depth)
Tight lids pushing lens nasally

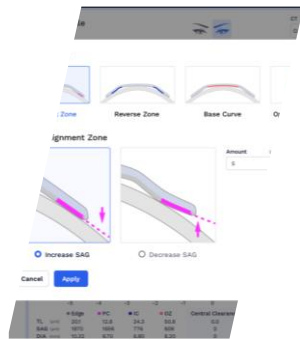
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TROUBLESHOOTING NASAL DECENTRATION

Loosen, flatten Alignment Curve (AC) to reduce sagittal depth



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TROUBLESHOOTING TEMPORAL DECENTRATION

TIGHTEN, STEEPEN ALIGNMENT CURVE (AC) TO INCREASE SAGITTAL DEPTH



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UNDER CORRECTION

Flatten base curve (BC)

Decrease SAG in the Reverse Zone

Flatten Base Curve if the amount of under correction is 1,000 or less.

Decrease SAG in the Reverse Zone by 10 - 12 microns if the amount of under correction is over 1,000 D.

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OVER TREATMENT

Steepen base curve (BC)

Increase SAG in Reverse Zone

Steepen Base Curve in 0.50 D steps.

Increase SAG in the Reverse Zone by 5 - 8 microns. This action will decrease the treatment zone size.

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GLARE AND FLARE

- Centration
- Treatment Zone Size
- Other Considerations
 - Age of Patient
 - Patient Activities
 - Driving
 - Nighttime softball games

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LENS BINDING

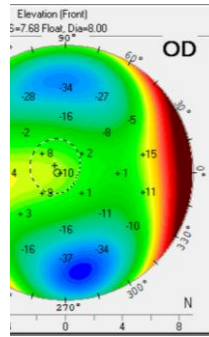
- Lens is 'suctioned' onto the cornea
- Too Steep??
- Very common
- Okay if minimal and infrequent
- All new fits MUST be taught how to remove a bound Lens
 - Instill artificial tears
 - Depress globe of eye with finger to encourage tear flow under the lens to break suction (can be done with finger on closed eyelid)



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LENS BINDING

- Consider increasing or decreasing sagittal depth
- Evaluate baseline ELEVATION topographies in all four quadrants
 - Bitoric
 - Tri-
 - Quadrant-specific



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- 6 Year Old Asian Female
- Rx: -2.00 -0.50 x 140 20/20
- VAsc: 20/150

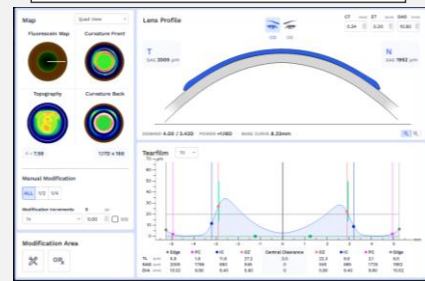
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LENS PARAMETERS

- OAD
- 90% of HVID
- Target Power
- BOZD
- IC Diameter
 - Keep 0.6 differential b/w BOZD and IC

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DESIGN LAYOUT



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POST-TREATMENT DATA

One Night s/p OrthoK wear

- 20/20
- Rx: plano -0.50 x 165
- Axial Length: 23.88mm

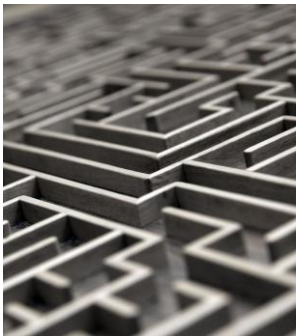
3 Months s/p OrthoK wear

- 20/20
- Rx: +1.00 -0.50 x 175
- Axial Length: 23.86 mm

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RESIDUAL CYLINDER

- 15 year old WF
- Started OrthoK in 2018
- Pre-Treatment Spectacle Rx:

| | | | |
|----|-------|-------|-----|
| OD | -3.50 | -1.50 | 005 |
| OS | -3.50 | -1.75 | 165 |

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CURRENT ORTHOK WEARER – STARTED OK IN 2018

Uncorrected Visual Acuity

shaded VA Distance Near 15 ft

OD 20/20 20/20

OS 20/20 20/20

OU 20/20 20/20

VA Method: M & S Smart System

Note: 'Vision declines throughout the day'

Note: Visual demands and sleep schedule have changed since she started OrthoK at age 10.

Final Refraction/ Glare

| | Sphere | Cyl | Axis | H Prism | H Orient | V Prism | V Orient | |
|-----|--------|-------|------|---------|----------|---------|----------|-------|
| OD | 0.00 | -1.00 | 010 | | | | | 20/20 |
| OS | +0.75 | -0.50 | 158 | | | | | 20/20 |
| OU | | | | | | | | 20/20 |
| ADD | | | | | | | | |

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CREATE AN 'OVAL' TREATMENT ZONE

Treatment zone size smaller in one meridian and larger in the other meridian

WTR ATR

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RESIDUAL CYLINDER

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POST-TREATMENT DATA

One Month s/p Oval Tx Zone

| | Sphere | Cyl | Axis | H Prism | H Orient | V Prism | V Orient |
|-----|--------|------|------|---------|----------|---------|----------|
| OD | -0.25 | 0.00 | 000 | | | | 20 |
| OS | -0.50 | 0.00 | 000 | | | | 20 |
| OU | | | | | | | 20 |
| ADD | | | | | | | |

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How to solve some of the most common clinical problems for Orthokeratology lens fitting using WAVE custom design lenses.

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FLAT LENS

- INCREASE Sagittal depth
- STEEPEN alignment curve (AC)
- INCREASE overall diameter (OAD)

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Modifications

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Modifications

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INFERIOR DECENTRATION FROWNY FACE TOPOGRAPHY: TOO STEEP

- Too MUCH Sagittal depth
- Causing the lens to ride LOW.

Frowny Face or Inferior Decentration (Happens more frequently)

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STEEP LENS

- DECREASE Sagittal depth
- FLATTEN alignment curve (AC)
- DECREASE overall diameter (OAD)

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Modifications

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CENTRAL ISLAND

Central Islands are caused by too steep / too great sag, plus peripheral squeeze and excessive central clearance.

This causes the central cornea to "Pop Up" leaving a central island.

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TROUBLESHOOTING CENTRAL ISLAND

- DECREASE Sagittal depth
- FLATTEN alignment curve (AC)
- DECREASE overall diameter (OAD)

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NASAL DECENTRATION (HAPPENS MORE FREQUENTLY)

- Flat nasal taper = lens binding
- Tight lenses (too STEEP/ too much Sagittal depth)
- Tight lids pushing lens nasally

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TROUBLESHOOTING NASAL DECENTRATION

- Loosen, flatten Alignment Curve (AC) to reduce sagittal depth

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**TEMPORAL DECENTRATION
(HAPPENS LESS FREQUENTLY)**

- Flat temporal taper
- Loose lenses (too Flat/ too LITTLE Sagittal depth)
- Alignment Curve (AC) too flat

Temporal Decentration
(Happens rarely)

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**TROUBLESHOOTING
TEMPORAL
DECENTRATION**

- Tighten, steepen Alignment Curve (AC) to increase sagittal depth

Modify Alignment Zone

● Increase SAG

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UNDER AND OVER TREATMENT

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UNDER CORRECTION

Flatten base curve (BC)

Decrease SAG in the Reverse Zone

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OVER TREATMENT

Steepen base curve (BC)

Increase SAG in Reverse Zone

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GLARE AND FLARE

- Centration
- Treatment Zone Size
- Other Considerations
 - Age of Patient
 - Patient Activities
 - Driving
 - Nighttime softball games

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LENS
BINDING

- Too much sagittal depth (more typical)
 - Too steep
 - Binds the flattest area of the cornea

- Too Little sagittal depth
 - Also, a possible cause, but the lens will typically be decentered in this case

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Repeated Low-Level Red-Light Therapy



- Multicenter, randomized, double-masked clinical trial
- 264 children
 - 8 to 13 years
 - -1.00 to -5.00 D
- Randomly assigned to intervention group (RLRL) or control

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Implementing Myopia Management in Your Practice

Building a Myopia-Busting Practice Blueprint

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Myopia Management: Clinical and Practice Management

- **Option One:**
 - Revenue: 1 million
 - Net: 250,000
 - (Details: 5% Advertising, 5.5 days a week, Patient care 4.5 days/ week
 - (4000 patients-18 per day), 15% Exams, 15% Contact lenses, 15% Medical Billing, 0% Fee for service, 55% Optical sales

- **Option Two:**
 - Revenue: 1 million
 - Net: 350,000+
 - (Details: 2% Advertising, 4.5 days a week, Patient care 3.5 days/ week
 - (2800 patients-16 per day), 15% Exams, 20% Contact lenses, 15% Medical Billing, 15% Fee for service, 35% Optical sales

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Myopia Management: Clinical and Practice Management

- 150,000 per year
 - 1500 per case
 - 100 cases / year
 - 8 patients per month
 - 2 patients / week

- Patient centered Practice

- It's about the lifetime quality of life NEVER about the money !

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Myopia Management: Clinical and Practice Management

- Specialty Practices have **higher net** percentages
 - Higher average revenue per patient and less cost of goods.
 - Both are providing exceptional eyecare. (if myopia management referred)
 - Which model do you prefer?
 - Both choices are fine, the importance is committing to the one that will make a difference in your patients' life.

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Myopia Management: Clinical and Practice Management

- Fees will be reduced by **telemedicine**, your optical sales are now lost to **internet sales**, everything you know is obsolete. You have options and you are not alone.
- We are all experiencing change. Everything we know about our social lives, business, and travel is altered. We are part of a new era that has brought everything to an accelerated future. Time to make choices.
- How many of your patients will hear about myopia management from social media and not you

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Myopia Management: Clinical and Practice Management

- Myopia is an **impending pandemic** and changes in our practices is the solution. These changes will do more than enhance your practice, they will **enhance your life**. You can rest at night knowing you have truly **made a difference**.
- This is a **commitment to the preservation of sight**
- Myopia management will **enhance and grow** your practice

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Myopia Management: Clinical and Practice Management

- The **fee for service** medical practice is the practice of the future.
- Dermatology, Plastic Surgery, Dentistry have all recognized and adopted the value of adding patient desired services to enhance their lifestyle and health.
- Even Ophthalmology has embraced **specialty IOL's** to be a part of the fee for service medical model philosophy

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Myopia Management: Clinical and Practice Management

- **Myopia management has the greatest opportunity**. Most importantly will create a **lifetime of benefits**, Medical and Cosmetic, for your most vulnerable patients.
- We have the **obligation to understand the science of myopia** and most importantly to determine what level of myopia management is best suited for you and your practice.
- There are **three choices**. Education is inherent in all choices.

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Myopia Management: Clinical and Practice Management

- We are all already in **the myopia management practice** as so many of our patients are myopic.
- What we have learned in the last 10 years is that **myopia can be managed** more efficiently than just glasses or contact lenses.
- We also know myopia is **progressive** and we now understand how to control progression in most patients.
- We know understand the **medical complications** of Myopia progression

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Myopia Management: Clinical and Practice Management

- It is our **obligation to practice at a level of care** that puts the health of your patients first and the current literature is setting a **new standard of myopia care**. It is imperative that you understand **the evidence based data** and **clinical studies** available to support your practice strategy.
- We all understand have been trained in the **practice of Co-management**: Cataract surgery, Glaucoma, Lasik, and premium IOLS

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Myopia Management: **Three Practice models**

Myopia Model 1)

Education and referral to a qualified colleague'

Myopia Model 2)

Education, basic myopia management, and referral of complicated cases to a qualified colleague

Myopia Model 3)

Comprehensive myopia management

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Myopia Management: MODEL TWO **Co- Management**

Education, basic myopia management, and referral of complicated cases to a qualified colleague

- Level two allows the Doctor to be **more involved in the treatment** procedures
- You may feel comfortable with an evaluation for **distance centered multifocal contact lenses** and basic accommodative and convergence evaluations.
- When the **patient progresses a referral** for another procedure including Ortho K and atropine treatments.

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MYOPIA MODEL TWO: Co Management Strategy

- Develop a **co management protocol with a local OD**, both **medical and financial**. This allows the patient to receive comprehensive care.
- There can be and needs to be a **financial incentive** for you. You can **co-manage** that patient with the OD specialist.
- The two of you will decide **what level of co-management** you are comfortable accepting therefore determining the fee arrangements.

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Myopia Management: MODEL THREE **Comprehensive Care**

Comprehensive myopia management

- Level three is the **highest level of care** as it truly will make a difference in your patients long term ocular health.
- The Level of care requires a **commitment to enhance myopia treatment education** and a **practice philosophy strategy**.
- A **more comprehensive eye examination** to include **true accommodative and convergence testing** and the ability to monitor axial length.
- **Axial length** is the key albeit controversial and the need to have the equipment necessary to monitor is imperative. I do feel this is an important part of treating myopia as a specialist. It is the **equivalent of an OCT** as part of your glaucoma treatment plan.

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Myopia Management: MODEL THREE **Specialty Care and procedures**

- Specialty Multifocal glasses
- Distance centered soft multifocal lenses
- Specialty myopia management soft multifocal lenses
- Orthokeratology / CRT
- Atropine treatment protocols
- Reading glasses when needed
- (Future) Drops to modulate the cornea to enhance contact lens molding

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Myopia Management **Practice and Doctor Development**

- 1 Patient flow systems
- 2 Fee Evaluations
- 3 Staff / technician training
- 4 Parent brochures/ Educational Material
- 5 Equipment
- 6 Marketing plan

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Practice Management: exam stages

- 1 Patient Triage
- 2 Evaluation
- 3 Treatment recommendation
- 4 Parent / patient education
- 5 Follow up and treatment modification

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Practice Management Processes

- Managed care : refractive care
 - Patient Triage
- Cyclogel vs Tropicamide
- Office Visit vs return to clinic
- ABN: (Advanced Beneficiary Notice) : Fee for service

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If there is not enough time to discuss myopia management at the initial consultation, what should you do?

- Book another appointment to discuss
- Delegate the discussion to other staff
- Provide written information and resources

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Examination/ Evaluation

- Myopia Management evaluation
 - Patient risk Calculator
- Patient examination
 - Cycloplegic/refraction
 - Axial Length
 - Topography/ Pentacam
- Goal Setting AND EXPECTATIONS

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Myopia Management evaluation: Staff Training

- Technician Driven
- Patient/ Parent education
- Video , Brochure, and Verbal

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Role of Staff

- Reception
- Tech
- Contact Lens Technician
- Optician
- Do we need a Myopia Management Champion?

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Which of the following questions about myopia management should staff be able to answer?

- Why shouldn't we just stay with the same simple glasses?
- How exactly from a scientific perspective do contact lenses slow the myopia
- What are the different treatment options that other kids are using?
- Why are the myopia management fees so high?
- What does that machine the optometrist used do?
- Why exactly did the optometrist choose this treatment for my child?
- How often do we need to come back for appointments?

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Myopia management Business Plans

- 1) Fees per appointment / per product
- 2) All-inclusive annual fee for appointments only: Products separate fee
- 3) Annual global fee for both appointments and products

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Practice Management: Global Yearly Fee

Myopia Management Evaluation

- Comprehensive package including all examinations and treatment options
 - Spectacles
 - Contact lenses
 - Corneal reshaping
 - Low-dose atropine
- \$2000 to \$5000

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